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DEERS/Medical

Executive Overview

Prepared for
The Office of the Under Secretary of Defense
Personnel and Readiness
And
The Defense Manpower Data Center

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This document is intended as an overview of the DEERS redesign effort. The document is focused on the medical functionality of the system utilized by the Managed Care Support Contractor community within the Military Health System (MHS). For more detailed information, refer to the DEERS/MHS Systems/Subsystem Requirements Specification document and DEERS/MHS Interface Operational Description.

1 Objectives

The existing DEERS System is currently being migrated over to a new data model, which is focused on the concept of “a person.” The goal of the DEERS/MHS redesign effort is to migrate some of the functionality within the existing DEERS System to the new DEERS/MHS system, support the MHS Health Functional Architecture, as well as, additional functional requirements requested by the MHS functional community and Health Affairs.

The DEERS Redesign was undertaken to accomplish the following:

- Compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA or Kennedy-Kassebaum Bill) which seeks to improve the efficiency and effectiveness of the health care system, including public and private programs, by encouraging the development of a health information system through the establishment of standards and requirements for electronic transmission of certain health information
- Increase consistency with commercial insurance industry practices and concepts
- Provide portability of health care information across the MHS by serving as the National Enrollment Database, the central repository for claims catastrophic cap and deductible information, fee payments, and other health insurance information
- Position DEERS to accommodate future requirements, such as providing a standard means to collect insurance information to support DoD Third Party Collections (TPC) and claims management; enrolling DoD civilians and Foreign Military members and their family members; supporting TRICARE Active Duty FMDP online enrollments and disenrollments; and storing fingerprints and facial images
- Establish a common operating environment (COE) based on the open systems specifications contained in the Technical Architecture Framework for Information Management (TAFIM), the Defense Information Infrastructure (DII) Strategic Enterprise Architecture; and the DII/COE Integration and Runtime Specification (IRTS)
- Establish a standard DEERS interface(s) for client application information systems which will reduce the cost of establishing and implementing new MHS contracts
- Increase responsiveness to changes in the laws and regulations governing Uniformed Services entitlements and benefits
- Ensure correct and consistent benefits determinations by eliminating manual determinations

2 Scope

DEERS currently is and will continue to be the central source for personnel information from the DoD Personnel community. In addition, DEERS will continue to be the source for determining DoD medical benefits eligibility. With the current redesign effort, DEERS has enhanced and expanded its role in this area by adopting rules-based technology to dynamically determine medical benefits based on the most current DoDI 1000.13. In addition, a new data model has been developed to better support the expanded requirements for eligibility, insurance, legislative, and patient information.

In the new system, DEERS will support Existing DEERS functionality as well as the new requirements requested by the MHS community. The medical functionality supported can be summarized into these major categories:

- Maintain Enrollment Information including enrollment fee payments and primary care managers
- Maintain Claims Catastrophic Cap and Deductible Totals
- Verify Eligibility and Coverage
- Maintain Non-availability Statements (NAS)
- Maintain Person Demographics and other information
- Maintain Immunization Information
- Maintain Standard Insurance Table (SIT)
- Maintain Other Health Insurance (OHI) Information
- Maintain the Master Patient Index
- Provide Reports

3 *Bridging Concepts from the Old to New World*

In order to achieve the objectives outlined above, DEERS has simplified some of its concepts through the redesign. As civilian health care and direct care eligibility has evolved within the DoD into a more organized and controlled set of delivery programs, DEERS has been able to align with commercial insurance concepts including Health Care coverage plans, insurance subscribers and individual insured.

Through the redesign, concepts in old DEERS of medical eligibility and alternate care have been combined into DoD Health Care Coverage Plans. These plans represent the forms of health care that the DoD provides based on the source of care (e.g. civilian or direct care), the characteristics of the plan (e.g. fees required, who is covered etc.,) and whether or not enrollment is required (e.g. Prime requires enrollment while Standard does not). Within these plans the concept of a “subscriber” is applied to DoD sponsors and in some cases family members (e.g. qualified former spouses). Some plans only have family members whose role is the insureds (e.g. Tricare Prime for Active Duty Family Members) and under other plans the sponsor is also covered (e.g. Tricare Prime for Retirees and Family Members).

Eligibility will now be reported by sending the type of health care coverage that a sponsor or family member currently has and the dates of that coverage. The reported coverage plan may have been set from rules contained in the DoDI 1000.13 that, based on the type of sponsor and relationship of the family member to him or her, establishes a standard set of Health Care benefits that we now call a “standard” health care coverage plan. The coverage plan may however be one that the sponsor has enrolled in based on the eligibility for it established by his standard plan. For example, the determination of a Tricare Standard type of coverage plan for a family, along with other factors such as location, qualifies the family to enroll in a similar type of Tricare Prime coverage program.

Data used in claims adjudication has also been standardized to facilitate its delivery to the fiscal intermediary. As the amount of data required to determine factors such as co-payment and deductible for DoD Health Care Coverage plans increases and the rules for using the data becomes more complex, the need for DEERS to create standard information delivery “factors” has increased. DEERS will provide co-pay and special entitlement factor codes which will replace specific personnel and family member relationship data. Personnel data are used along with a standard rule set in DEERS to set these factors. As new legislation is enacted effecting the co-pay or deductible calculations, these rules will be expanded and along with this new values added to these factors.

To facilitate EDI, a unique identification code will be established for each beneficiary (DEERS ID) and each patient (PATIENT ID) in the New DEERS database. DEERS will provide these identifiers to the interfacing system during the initial request for eligibility about a person. Both the central DEERS database and the interfacing systems will store these identifiers. These identifiers will be provided by the interfacing information systems for all further communication of information about that beneficiary or patient, establishing positive identification.

4 Operational Deliverables

DEERS will be interfacing with the MHS community through two primary sources: Electronic Data Interchange (EDI) transactions and several DEERS applications composed of a combination of web and desktop capabilities. Operational deliverables utilized by the Managed Care Support Contractor community include:

4.1 MCSC Interface

External MHS systems requesting or modifying information on DEERS will be required to communicate via EDI message structures. In compliance with the HIPAA legislation, DEERS will deliver the MCSC interface using the ANSI ASC X12, Version 4010 messaging protocol for the following electronic transmissions:

- Eligibility and Coverage inquiries
- Health claims related events
- Referrals certification and authorization and inquiry (NAS)
- Enrollment, disenrollment, and all enrollment related transactions including fee payment, primary care manager information, and other health insurance

In addition, the following events will also be supported via X12:

- Person Updates
- Adding a Newborn

4.2 Enrollment Desktop Application

This application will replace the current USTF/CHCBP enrollment application. This application provides the following functionality:

- Eligibility and Coverage Inquiries
- Enrollment for the Uniformed Services Family Health Plan and Continued Health Care Benefits programs
- Non-availability Statement issuance
- Person Updates
- Other Health Insurance Updates

4.3 General Inquiry Web Application

The General Inquiry application provides the functionality to inquire regarding eligibility and coverage. This application replaces the current GIQD application.

4.4 Statistical Extract to [MHS Corporate Executive Information System](#)

DEERS is the central source for Service member and family member personnel data, and for the capture and reporting of Medical Readiness data. DEERS is the central source for enrollment information. DEERS serves as an operational database.

On a monthly basis, DEERS provides point in time snapshots to [MHS Corporate Executive Information System](#) (CEIS), which include raw demographic data, eligibility data, and NAS data. CEIS utilizes this data in conjunction with clinical data and specific cost data to perform analyses and projections for enrollment-based capitation. CEIS serves as a data warehouse.

Through the redesign, the DEERS extract to CEIS will be enhanced to include Health Care Delivery Program coverage data, Primary Care Manager (PCM) data for direct care and USFHP programs, and PCM affiliation information.

